

APPLICANT INFORMATION	FOR OFFICIAL USE ONLY
Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (LAST) (FIRST) (MIDDLE) </div>	Class Code _____ Class Title _____ Received by _____ Agency _____ Reason _____ _____ _____
Mailing Address: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (STREET, P.O. BOX) </div>	
<div style="display: flex; justify-content: space-between;"> <div> Social Security No.* _____ Home Phone _____ Work Phone /Ext _____ </div> </div>	
<div style="display: flex; justify-content: space-around; font-size: small;"> (CITY) (STATE) (ZIP CODE) </div>	



STATE OF NEW HAMPSHIRE

The State of New Hampshire is an equal opportunity employer.
 Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability,
 religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

ONLINE APPLICATION FOR EMPLOYMENT

Be sure you have filled in the "Application Information" section at the top of this application. You are encouraged to provide a copy of your current resume, but RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION.

Position for which you are applying:

Position Number (if known):

Agency where position is located:

Will you accept part-time employment? Yes ☐ No ☐

Will you accept employment anywhere in the State? Yes ☐ No ☐ If you answered "NO", please check up to 3 counties in which you will accept employment:

Merrimack ☐ Belknap ☐ Hillsborough ☐ Rockingham ☐ Cheshire ☐ Coos ☐ Strafford ☐ Sullivan ☐ Grafton ☐ Carroll ☐

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? Yes ☐ No ☐

Have you been employed by a NH State agency before? Yes ☐ No ☐ If yes, when? (MM/DD/YYYY)

For what State agency were you employed?

In what position?

What was your reason for leaving?

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY A COURT, YOU **MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION.**

If you leave this space blank, you are certifying that you have no current record of conviction.

Please Note: Conviction is not an automatic disqualifier for employment. Each case is considered individually.

WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

EDUCATION

Please select the highest school grade completed: 8 9 10 11 12 or G.E.D. 13 14 15 16 17 18

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain below:

If the position for which you are applying requires postsecondary education credits,
YOU MUST SUBMIT COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL, AND/OR OTHER EDUCATION TRANSCRIPTS.

Name of School	Major	Degree or Certificate Earned

INFORMATION TECHNOLOGY TRAINING/EXPERIENCE

Please list below your training/experience in information technology (i.e., data processing, word processing, spreadsheet design or development, database development or management). Note any specific software applications or programming languages in which you are proficient:

VETERAN'S PREFERENCE

You may be eligible for veteran's preference points upon INITIAL application/entry into the classified State service for military duty performed during qualifying periods of war/armed conflict. To request veteran's preference points, PROOF OF ELIGIBILITY FOR VETERAN'S PREFERENCE MUST BE SUBMITTED WITH THE APPLICATION.

Please check one of the following if you wish to request veteran's preference points:

- | | |
|---|--|
| <input type="checkbox"/> War veteran (5 points) | <input type="checkbox"/> Disabled war veteran with 10% or more service-connected disability. (10 points) |
| <input type="checkbox"/> Unremarried surviving spouse of a war veteran (5 points) | <input type="checkbox"/> Unremarried spouse of a war veteran whose death was service-connected (10 points) |
| <input type="checkbox"/> Spouse of disabled war veteran with service-connected <u>total</u> disability (5 points) | |

LICENSES AND CERTIFICATION

Please list any license or special certification that you hold, specifying license/certificate number and date of expiration:

CDL # _____ Class _____	Expires ____ / ____ / ____	LPN # _____	Expires ____ / ____ / ____
PE/EIT# _____	Expires ____ / ____ / ____	RN # _____	Expires ____ / ____ / ____
Other: _____	Expires ____ / ____ / ____	Other: _____	Expires ____ / ____ / ____

(Unless otherwise prohibited by law, please include with your application a photocopy of any license or certificate.)

CREDIT FOR CERTIFICATION THROUGH TRAINING or EXAMINATION

If you have completed approved coursework and have achieved special certification through training or examination (i.e., Certified Public Manager or Certified Public Supervisor) please complete the following:

(Title or Certificate Earned)	(Date Certificate Earned)	(Certifying State, Agency or Organization)
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IN ORDER TO RECEIVE CREDIT FOR CERTIFICATION, YOU MUST SUBMIT PROOF OF COURSE COMPLETION AND THE CERTIFICATE EARNED.

EXPERIENCE - WORK HISTORY

In the sections below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. *You should emphasize work experience most pertinent to the position for which you are applying.* If more space is needed, please attach additional sheets. You are encouraged to submit a current résumé with your application.

PLEASE NOTE: RÉSUMÉS WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.

Employer: _____	Address: _____	Phone / Ext _____
Your Job Title: _____	Supervisor's Name/Title: _____	
Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____	Hours Worked Per Week: _____	May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____		

How many employees did you supervise? ____ Did you assign their work? _____ Reject unsatisfactory work? ____ Did you have the authority to hire/fire? ____		
Reason you left this position: _____		

Employer: _____	Address: _____	Phone / Ext _____
Your Job Title: _____	Supervisor's Name/Title: _____	
Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____	Hours Worked Per Week: _____	May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____		

How many employees did you supervise? ____ Did you assign their work? _____ Reject unsatisfactory work? ____ Did you have the authority to hire/fire? ____		
Reason you left this position: _____		

Employer: _____	Address: _____	Phone / Ext _____
Your Job Title: _____	Supervisor's Name/Title: _____	
Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____	Hours Worked Per Week: _____	May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____		

How many employees did you supervise? ____ Did you assign their work? _____ Reject unsatisfactory work? ____ Did you have the authority to hire/fire? ____		
Reason you left this position: _____		

Employer: _____ Address: _____ Phone / Ext _____
 Your Job Title: _____ Supervisor's Name/Title: _____
 Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____ Hours Worked Per Week: _____ May we contact? _____ Yes _____ No
 Specific duties: Please describe the duties you performed in your position: _____

By checking this box, you are certifying that you have read and agreed to the above statement.

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____ Did you have the authority to hire/fire? _____
 Reason you left this position: _____

Original signature and date is required upon hire.

_____ I have enclosed a copy of my current résumé.

Special testing arrangements for persons with disabilities will be made upon request by contacting the Division of Personnel's Examinations Section.

I understand that in order for my application to be considered, the Affirmation below must be completed.

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this State, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my services may be immediately terminated.

By checking this box, you are certifying that you have read and agreed to the above statement.

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

RECRUITMENT/EMPLOYMENT SURVEY

Please check one of the following to assist in our recruitment efforts.

I learned of this career opportunity through:

- _____ Private Employment Agency
- _____ New Hampshire Division of Personnel
- _____ Newspaper(name) _____
- _____ Radio/TV advertisements
- _____ "Opportunities in NH State Government" bulletin
- _____ In-house posting within my agency
- _____ Job Fair
- _____ NH Employment Security
- _____ Other _____

PLEASE SEND APPLICATIONS TO THE RECRUITING AGENCY
<http://www.nh.gov/hr/agencyinfo.html>